

THIS IS A PERMANENT RECORD
A SEPARATE RETURN must be made for each, and the number of each in
order of birth stated.
N. S. - In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in
order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima
District of San Carlos
Town of _____
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 177
County Registrar No. _____
Local Registrar No. _____

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mattie Clark Polk
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth 11 21 25
Month Day Year

8. FATHER
Full name Edgar Polk

9. Residence (Usual place of abode) San Carlos, Ariz.
If non-resident, give place and state.

10. Color or race 4/4 Indian 11. Age at last birthday 19 (Years)

12. Birthplace (city or place) Rice, Ariz.
(State or country)

13. Occupation Common Laborer
Nature of Industry

14. MOTHER
Full maiden name Nancy Hopkins

15. Residence (Usual place of abode) San Carlos, Ariz.
If non-resident, give place and state.

16. Color or race 4/4 Indian 17. Age at last birthday 16 (Years)

18. Birthplace (city or place) Rice, Ariz.
(State or country)

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Dr. Sanger (Physician or midwife).
Address San Carlos, Ariz.

Given name added from a supplemental report. Filed _____, 19____
Month, day, year Local Registrar.

Filed _____, 19____
County Registrar.

Registrar

672-1121-562